

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation
 709 CityState Center Bldg.
 Shaw Blvd. Brgy. Oranbo, Pasig City
 Telefax No. 637-3158 637-4735

PURCHASE ORDER

Supplier MICRODATA SYSTEMS AND MANAGEMENT, INC.	Purchase Order No.: 02-007-15
Address Crystal Bldg., 199 C.M. Recto St. cor. Mabini St., San Juan	Date: February 13, 2015
Tel.Fax No. 705-7777 local 8826	Term of Payment: On Account
Supplier Registered with: PHILHEALTH	Mode of Procurement: Shopping

Please deliver to this office within **30 working days** from receipt hereof the following

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	2	unit	PROJECTOR SCREEN, PORTABLE, TRIPOD, LARGE Dyna 70" x 70"	3,300.00	6,600.00
			Note: (6) months warranty		6,600.00
			LESS: EWT 1% 58.93 GMP 5% 294.64		353.57
					6,246.43
			RIV # 15-0102 dtd. 02/02/15 Treasury 15-0065 dtd. 01/28/15 OVO-HFPS		

Terms & Conditions:

- The agency shall impose penalty in an amount equivalent to 1/10 on one (1%) percent of the total value of undelivered order for each day of the delay as liquidated damages.
- If the date of receipt of the Purchase Order / P.O. by the dealer is not indicated, it was acknowledge to have been received by a representative either through fax or e-mail
- Delivery of the above item(s) shall be made within the prescribed schedule dates. Supplier are advised to inform Procurement Section at least two (2) days before the delivery. Use of elevator shall only be from 09:00 to 11:30 a.m. and 1:30 to 3:00 p.m. during Mon/Wed/Fri (MWF). All item(s) shall be delivered and accepted by the Procurement Section at 15th Floor, Room 1503 Citystate Ctr. Bldg. Pasig City
- Delivery Receipt and Sales Invoice shall be required for one-time complete delivery of the
- Defective, incompatible or non-compliant of goods as to specification when quoted shall be rejected and returned at the time of delivery. With provision for a back-up unit in case of repair.

Very truly yours,

[Signature]
ELY E. ROXAS

Administrative Officer III

Certified Budget Available: <i>[Signature]</i> CORAZON M. TABULAO Fiscal Controller III	Funds Available in the amount of: Php6,600.00 <i>[Signature]</i> LILIA R. GARRIDO Fiscal Controller III	APPROVED: <i>[Signature]</i> CHERIE CARMEN B. DIVINA OIC HEAD - SBAC HEAD OF THE AGENCY or Authorized Representative
Within the COB: 2015 Expense Code: 238-10 (Office Equipment) Budget: 94,600.- Remarks: changed to Treasury and OVO-HFPS		
CONFORME: <i>[Signature]</i> ERROLD BOLDAN Signature over Printed Name and Position of authorized representative		Received copy of P.O.: 2/17/15 Date

faxed 2/17 11:30 AM
431-0354